



CITY HALL • 109 NORTH MAIN STREET • HARTFORD, WI 53027

DATE: _____
TO: City of Hartford Police Chief
FROM: Jack Russell Memorial Library Director
RE: Background Check for Prospective Library Volunteer

Using the information provided in this letter, please perform a background check on _____ and return the information to my office as soon as possible.

Thank you.

I understand the conditions and accept the position of volunteer with the Jack Russell Memorial Library. I authorize the background check of both my traffic and criminal record.

Date: _____

Complete Spelling of Your Name, Including Middle Initial: _____

Signature: _____

Driver's License Number: _____

Date of Birth: _____



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**JACK RUSSELL MEMORIAL LIBRARY
VOLUNTEER LIABILITY WAIVER FORM**

I understand that while performing volunteer duties at the Jack Russell Memorial Library I will frequently be required to stand, walk, sit, use hands to finger, handle or feel objects, tools, control; talk and hear. Volunteers are occasionally required to reach with hands and arms, climb or balance, stoop, kneel, crouch, crawl and smell. I understand that volunteers must regularly lift and/or move more than 50 pounds and frequently move book trucks up to 100 pounds. Specific vision abilities required for volunteer work include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust and focus.

I understand that if I have any medical conditions, allergies, and/or disabilities the Library Director should be aware of, I should discuss this with the Library Director before signing the Volunteer Liability Waiver Form.

I do hereby release Jack Russell Memorial Library, its successors and assigns, and its employees, agents and servants of all claims, suits, or damages which may arise as a result of any accident or injury which may occur from my participation in volunteer duties, using the facilities, or engaging in library activities.

I have executed the liability waiver on the _____ day of _____, 20_____.

Signature

Printed Name

Parent's or Guardian's Signature for Minors